м	ISSOU	IRI D	VISION OF HEALTH STANDARD CERTIFICATE OF DEATH	-62-016758
DO NOT WRITE	AME	NDED	Registration district No. 318 Primary Registration District No. 1003 Registrar's No. 3831	STATE FILE NUMBER
VS 300	1 1 1		2. USUAL RESIDENCE (Where deceased live a. STATE MO. b. COUNTY	ed If institution: Residence before admission)
Rev. 4/59	AMENDED		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN  C. CITY OR TOWN TOWN  C. CITY OR TOWN	Inside Limits Yes   No
240013	SATE A		HOSPITAL OR	give location) Reside on Farm
3			3. NAME OF DECEASED First Middle Last 4. DATE OF OF DEATH L.	onth Day Year
5 /			5. SEX 6. COLOR OR RACE 7. Married 2 Never Married   B. DATE OF BIRTH 9. AGE (last birthday) Widowed   Divorced   4/19/1897 64 Yrs	Months Days Hours Min.
6			during most of working life, even if retired)  Claim Adjuster    Insurance   St. Louis, Mo.	U.S.A.
7 0			George Everding Margaret Evers Lucille	HUSBAND OR WIFE  Bersinger
9	8     S		Yes no, or unknown) (If wes, give war or dates of service) Lucille Everding-70	AddreGreen OlnH6ldynDr.
10 1	D OF	DOCUMENT	18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:  1MMEDIATE CAUSE (a)	INTERVAL BETWEEN ENSER AND DEATH
1250.0	INSTEAD		Conditions, If any, which gave rise to above cause (a). stating the underlying cause last.  DUE TO (c) Coloposica Overlast Curcht	Grown
30			PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  19. WAS AUTOPSY 20s. ACCIDENT SUICIDE HOMICIDE 20s. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PERFORMED?  19. WAS AUTOPSY 20s. ACCIDENT SUICIDE HOMICIDE 20s. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PERFORMED?)	III. If deceased was female was there a pregnancy in last 90 days.    Yes   No   Unknown
USE BLACK INK OR TYPEWRITER RIBBON	NOWER			PART I or PART II of item 18.)
	YWE		ZOc. TIME OF Hour Month, Day, Year INJURY a.m. p.m.	
			20d. INJURY OCCURRED WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	COUNTY STATE
	SHOULD READ		21. I attended the deceased from 3-9-62 to 4-9-62 and last saw him alive on Death occurred at 10:53-19 m on the date stated above, and to the best of my known on the date stated above, and to the best of my known on the date stated above.	wledge, from the causes stated.
USE	INOHS	IT OF	220. SIGNATURA (Defee or title) MD 22b. ADDRESS 60 Olive	22c. DATE SIGNED
	TEM NO.	AFFIDAV	23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (01/y), town BURIAL (Specify) St. Peter Paul Cem.  24. FUNERAL DIRECTOR ADDRESS 3819 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S ST.	vn, or county) (State)
	TEM	BY A	Wingbermuehle Funeral Home So. Grand App 17 1962	Smith M.D.

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is	recorded on the reverse side of this certificate was embalmed by me,
or by	Student Embalmer No
working under my personal supervision.	Signed Geo Dimakermueble
Student	Signed Signed
Signature of Student Embalmer	Licensed Embalmer No. 46//
•	P. O. Address Maric Mis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.